

MV-104 (5/11) PAGE 1 of 2

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New York State Department of Motor Vehicles
REPORT OF MOTOR VEHICLE ACCIDENT
www.dmv.ny.gov

(BEFORE COMPLETING THIS FORM, READ THE INSTRUCTIONS IN SECTION A ON PAGE 2)

DO NOT FORGET ACCIDENT DATE		Page	of	<input type="checkbox"/> RUSH - DRIVER OF VEHICLE 1 - LICENSE SUSPENDED FOR FAILURE TO REPORT					
Month	Day	Year	Day of Week	Time	AM	Number of Vehicles	Number Injured	Number Killed	Did police investigate accident at scene? <input type="checkbox"/> Yes <input type="checkbox"/> No

1 DRIVER	DRIVER OF VEHICLE 1				VEHICLE 2				PEDESTRIAN				BICYCLIST				OTHER PEDESTRIAN																			
	Driver License ID Number <i>304 951 1097</i>				State of License				Driver License ID Number				State of License																							
Driver Name-exactly as printed on license (Last, First, M.I.) <i>Unaiel Marcial</i>								Name-exactly as printed on license (Last, First, M.I.) <i>Galaviz Maric</i>																												
Address (Include Number & Street) <i>207 E. 193rd St. Apt. H 1C</i>				Apt. Number				Address (Include Number & Street)				Apt. Number																								
City or Town <i>Bronx</i>				State Zip Code <i>NY 10472</i>				City or Town				State Zip Code																								
Date of Birth Month Day Year <i>11 1961 31 87</i>				Sex <i>M</i>				Date of Birth Month Day Year <i>11 1961 31 87</i>				Sex <i>M</i>				Number of People in Vehicle <i>0</i>				Public Property Damaged <input checked="" type="checkbox"/>																
2 REGISTRANT	Name-exactly as printed on registration <i>Rodríguez Marcial</i>				Date of Birth Month Day Year <i>11 1961 31 87</i>				Name-exactly as printed on registration				Date of Birth Month Day Year <i>11 1961 31 87</i>				Sex <i>M</i>				Number of People in Vehicle <i>0</i>				Public Property Damaged <input type="checkbox"/>											
	Address (Include Number & Street) <i>115 Bronx River Ave.</i>				Apt. Number				Address (Include Number & Street)				Apt. Number																							
City of Town <i>Bronx</i>				State Zip Code <i>NY 10472</i>				City or Town				State Zip Code																								
3 VEHICLE DAMAGE	Plate Number <i>F33</i>				State of Reg. <i>NY</i>				Vehicle Year & Make <i>2013 Ford Taurus</i>				Vehicle Type <i>Ins. Code</i>				Plate Number				State of Reg.				Vehicle Year & Make				Vehicle Type				Ins. Code			
	Estimated Cost of Property Damage - Vehicle 1 <input type="checkbox"/> \$1,001-\$1,500 <input type="checkbox"/> \$1,501-\$2,500 <input type="checkbox"/> Over \$2,500				Estimated Cost of Property Damage - Vehicle 2 <input type="checkbox"/> \$1,001-\$1,500 <input type="checkbox"/> \$1,501-\$2,500 <input type="checkbox"/> Over \$2,500				Describe damage to vehicle 1				Describe damage to vehicle 2																							

4 ACCIDENT LOCATION	Place Where Accident Occurred in New York State: County _____				□ City <input type="checkbox"/> Village <input type="checkbox"/> Town of <i>Suffolk, NY</i>				Permanent Landmark _____			
	Road on which accident occurred <i>7000 Blvd S.</i>				at <input type="checkbox"/> 1) Intersecting street <i>Perry Road</i>				(Route Number or Street Name)			
5 INVOLVED	or <input type="checkbox"/> 2) _____				□ N <input type="checkbox"/> S □ E <input type="checkbox"/> W of _____				(Route Number or Street Name)			
	Fee _____ Miles _____				How did the accident happen? <i>I was reversing the truck. I did not see any impact occur between the truck and the car. Big claims they have listed don't have my name on them when reversing.</i>				(Milepost, Nearest intersecting Route Number or Street Name)			

6 INSURANCE	Names of All Persons Involved				6. Which Veh. Occupied 7. Position in Vn Vehicle				8. Safety Equip. Used				9. Age				10. Sex				11. Injury A B C				12. Description of Injuries				13. If Deceased, Enter Date of Death						

7 INSURANCE	Identify Damaged Property Other Than Vehicle(s)																												VIN			
	Name of Insurance Company That Issued Policy For Vehicle 1																												Policy Number			
Name and Address of Policy Holder																												Policy Period From _____ To _____				
If Vehicle was Operated Under Permit (ICC, USDOT or NYSDOT), give No.																																
If Self-Insured, give Certificate No.																																

Date <i>2/15/18</i>	Print Name of Driver (or Representative) of Vehicle 1 <i>Manuel Unaiel</i>				Signature of Driver (or Representative) of Vehicle 1						
* A representative may sign for the driver if the driver is unable to sign because of injury or death. If you are signing as the driver's representative, check the box that describes why the driver cannot sign.				<input type="checkbox"/> Injury <input type="checkbox"/> Death				An accident report is not considered complete and filed unless it is signed, and if not signed may result in the suspension of your driver's license.			